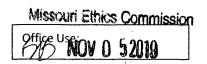


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	atement Information		
	Date: $\frac{09/20/2019}{1}$ Type: \square New \square Amended (if amending, enter MEC ID $\frac{C151102}{2}$ & section changed 3		
_	Type: New Amended (if amending, enter MEC ID C15	& section ch	anged)
2.	Committee Information		
	Name of Committee		
			()
	Committee Mailing Address, City, State, & Zip		Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commission	pners
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P	AC) 🗆 Debt Service 🗀 Expl	oratory 🗆 Political Party
3.	Tireasurer/Deputy/Treasurer Information 🔭 🗀 🗀 📜 🖰 📆		tions in the second
	Thomas R. Hughes		
	Treasurer's Name (First & Last) 239 Fox Hill Road, St. Charles, MO 63301	(636 \ 940-9300	,
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	N/A		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
,	Additional Committee Information (Additional Commi		
4.	Augmonial continues in contractors with the second		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Add	ress, City, State, & Zip
	ANACHINALERIT		
	Connected Organization's Name (iffany)	Connected Organization's Mailing Address,	City, State, & Zip
_	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on	back) 🗆 No
5.	Official Bank Account Information (required by all committees)		
	Name 9 Mailing Address City Chart 9 To of Committee Institution	A	Account Number
6	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
Ο.	¿Candidate Supported or Opposed (candidate committees must:	ndude sen, n/candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section) 🧸	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
0			
٥.	Signature(s). Check-certification(s) & sign (required by all comm I affirm and attest under penalty of perjury that information and		late true and accurate
	further acknowledge that I am aware that any alse statement or d		
	Thomas & The has	18	
	Committee Treasurer	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 12/2016) Form must be completed in full & contain original signature(s), fax filings are not accepted.